D UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Rober	t Clark		_					
	Plaintiff							
Goder	v. etor, Salv nez, Sheri intendent Defendar	ff Tomas Dalt Plaxico.	, -	CA JU	JUDG	E DER-YEG	SHIAYAN DGE ASHM/	
more in and profile I, F (other without declare the co	nformation the ovide the add. Robert Cla ut full prepay that I am u mplaint/peti	an the space that is partitional information. The partition in the above the ment of fees, or an able to pay the contact of the space.	provided, atta Please PRIN we-entitled c in support of osts of these l. In suppor	ach one or m T: , declare th ase. This af of my motion proceeding	ore pages the at I am the fidavit cons for appoin s, and that I	er the answer to any at refer to each such Definition Detit titutes my application of counsel, of am entitled to the cation/motion/appe	question number ioner □movant on □ to proceed or ଢ both. I also relief sought in	
1.	I.D. #_200	nrently incarcerate 040096333 ceive any payment	Name			(If "No," go to Q County Jail Monthly amour		
2.	Monthly s	arrently employed alary or wages: No address of employe	one	□Yes	ØNo			
	D M	the answer is "No' ate of last employn onthly salary or wa ame and address of	ient: <u>None</u> ages:	None	•			
	· S _I	re you married? oouse's monthly sa ame and address of	lary or wag	□Yes es: None None	IINο	· · · · · · · · · · · · · · · · · · ·	· .	
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.							
	a. Sa Amount	ılary or wages None	Rec	eived by	N/A	□Yes	ØNo	

b. Amou	□ Business, int <u>N/A</u>	□ professio	n or □ other self Received by	-employmen N/A		□Yes	ØNo
c. Amou	□ Rent paym nt N/A	ents, 🗆 inte	erest or divide Received by	nds N/A	A	□Yes	ØNo
d.	☐ Pensions, compensation	□ social se ı, □ unempl	curity, 🔲 annuit oyment, 🗀 welfa	ies, □ life in re, □ alimon	ısurance, y or main	☐ disabili	ity, □ worke □ child supp
Amou	: F		Received by_			□Yes	ØNo
e. Amou	□ Gifts or □ nt <u>N/A</u>		s Received by	N/A		□Yes	ØNo
f. Amou	□Any other s	ources (stat	e source: <u>NON</u> Received by	E) A	□Yes	ØNo
Do yo savin	ou or anyone el	se living at	the same addres	s have more	than \$2	aarrati N	ONF
Do yo	ou or anyone e	lse living at	the same addre	ss own any	stocks, l	onds, secu	rities or oth
HI WID	ose name neid:_	_ N/A	R	elationship to	o you:	N/A	
Addre	ss of property:_	natives, two	t the same addr o-flats, three-flats	s, etc.)?		□Yes	s, apartment ∐No
Amou	ose name neig:_ int of monthly m	<u>N/A</u> ortgage or lo	Cu Rel	ationship to :	you: <u>N</u>	/A	
Do yo	u or anyone els	se living at	N/A the same address property with a c	own any a	utomohile	es, boats, tr	ailers, mobil
Proper	ty: <u>N/A</u>	 -		• · · · · · · · · · · · · · · · · · · ·		□Yes ——	ØΝο
In who	at value: <u>N/A</u> ose name held:	N/A_		Celationship (o you;	N/A	
In who	ose name held:e persons who a	N/A_	t on you for sup monthly to their	Celationship (o you:	N/A	-1

I declare under penalty of perjury that the a to 28 U.S.C. § 1915(e)(2)(A), the court shallegation of poverty is untrue.	bove information is true and correct. I understand that pursuant all dismiss this case at any time if the court determines that my
Date:	•
	Signature of Applicant
	ROBERT CLARK
	(Print Name)
covering a full six months before you have in your own accountprepared by each ins	receipts, expenditures and balances during the last six months ounts. Because the law requires information as to such accounts filed your lawsuit, you must attach a sheet covering transactions titution where you have been in custody during that six-month ate below completed by an authorized officer at each institution.
(To be completed	CERTIFICATE cerated applicants only) by the institution of incarceration)
I certify that the applicant named herein, A	0 br-11 Clark, I.D.# 2004009633 Ras the sum
~ ~	edit at (name of institution) Crok Carety Dept of Corrections
I further certify that the applicant has the fo	llowing securities to his/her credit:
certify that during the past six months the	applicant's average monthly deposit was \$ 70.83
(Add all deposits from all sources and then	divide by number of months).
//-28-07 DATE	SIGNATURE OF AUTHORIZED OFFICER Butler
	(Print name)



Managed Services Managed Better,

TRANSACTION REPORT Print Date: 11/28/2007

Inmate Name: CLARK, ROBERT G.

Balance:

\$0.30

Inmate Number: 20040096333 Inmate DOB: 11/20/1962

Stamp	Transaction	Amount	Balance
11/27/2007	ORDER DEBIT	-29.76	0.30
11/19/2007	CREDIT	30.00	30.06
11/07/2007	ORDER DEBIT	-24.95	0.06
11/05/2007	CREDIT	25.00	25.01
10/31/2007	ORDER DEBIT	-3.33	0.01
10/24/2007	ORDER DEBIT	-31.67	3.34
10/22/2007	CREDIT	35.00	35.01
10/10/2007	ORDER DEBIT	-0.17	0.01
09/26/2007	ORDER DEBIT	-25.43	0.18
09/24/2007	CREDIT	25.00	25.61
09/19/2007	ORDER DEBIT	-19.84	0.61
09/12/2007	ORDER DEBIT	-24.86	20.45
09/11/2007	CREDIT	20.00	45.31
09/05/2007	CREDIT	25.00	25.31
08/29/2007	ORDER DEBIT	-39.70	0.31
08/27/2007	CREDIT	40.00	40.01
08/08/2007	ORDER DEBIT	-50.10	0.01
08/06/2007	CREDIT	50.00	50.11
07/31/2007	ORDER DEBIT	-0.34	0.11
07/18/2007	ORDER DEBIT	-29.08	0.45
07/16/2007	CREDIT	25.00	29.53
07/14/2007	RETURN CREDIT	0.17	4.53
07/11/2007	ORDER DEBIT	-70.66	4.36
07/03/2007	CREDIT	75.00	75.02
06/20/2007	ORDER DEBIT	-25.04	0.02
06/20/2007	CREDIT	25.00	25.06
06/13/2007	ORDER DEBIT	-6.47	0.06
06/06/2007	ORDER DEBIT	-43.52	6.53
06/06/2007	CREDIT	50.00	50.05
05/30/2007	ORDER DEBIT	-25.20	0.05
05/29/2007	CREDIT	25.00	25.25
05/16/2007	ORDER DEBIT	-39.83	0.25
05/16/2007	CREDIT	40.00	40.08
05/09/2007	ORDER DEBIT	-5.41	0.08
05/02/2007	ORDER DEBIT	-44.90	5.49
05/01/2007	CREDIT	50.00	50.39
04/18/2007	ORDER DEBIT	-49.72	0.39